

COMPLIANCE WITH STATEMENT OF BENEFITS **REAL ESTATE IMPROVEMENTS**

State Form 51766 (R3 / 2-13) Prescribed by the Department of Local Government Finance MAY 1 2019

2019 PAY 2020

FORM CF-1 / Real Property

INSTRUCTIONS:

- This form does not apply to property located in a residentially distressed area or any deduction for which the Statement of Benefits was approved before July 1, 1991.

- Statement of Benefits was approved before July 1, 1991.

 Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).

 This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))
- With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

SECTION 1	TAXPAY	ER INFORMATION		Carly and arrest	
Name of taxpayer			County		
Hulman & Company				Vigo	
Address of taxpayer (number and street, city, state and ZIP code) 900 Wabash Ave Terre Haute IN 47807			DLGF taxing distr	ict number 3 4 0 0 9	
Name of contact person Jeff Hurley			Telephone numb	per) 232-944	
SECTION 2	LOCATION AND DESC	RIPTION OF PROPERTY			
Name of designating body City of Terre Haute Common Council Resolution number 25-2009			Estimated start date (month, day, year) 11/16/2009		
Location of property 4780 E Margaret Ave Terre Haute IN 47803		11/	Actual start date (month, day, year) 11/16/2009		
Description of real property improvements:				etion date (month, day, year)	
153,600 Sq Ft Distribution Center				01/2010	
				date (month, day, year) 01/2010	
SECTION 3	EMPLOYEES	AND SALARIES			
EMF	PLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL	
Current number of employees			141	200	
Salaries			5,900,000	10,606,827	
Number of employees retained			141	141	
Salaries			5,900,000	7,477,813	
Number of additional employees			3	59	
Salaries			105,000	3,129,014	
SECTION 4	COST AN	D VALUES		SECTION IN THE	
COST AND VALUES	2007	REAL ESTATE IMPROV	ASSESSED V	ALLIE	
AS ESTIMATED ON SB-1	COST				
Values before project	165,520 4,990,280				
Plus: Values of proposed project			.,,,,,,	, 200	
Less: Values of any property being replaced			5 155	800	
Net values upon completion of project	0007	5,155,800			
ACTUAL	COST	COST ASSESSED VALUE			
Values before project	165,520 4,990,280				
Plus: Values of proposed project			4,550	, 200	
Less: Values of any property being replaced			E 155	000	
Net values upon completion of project			5,155,	, 800	
Nachard Addition (All Co.)	ASTE CONVERTED AND OTHER BI EVERTED AND OTHER BENEFITS	ENEFITS PROMISED BY THE TA	AS ESTIMATED ON SB-1	ACTUAL	
Amount of solid waste converted			1.5		
Amount of solid waste converted Amount of hazardous waste converted					
Other benefits:					
SECTION 6 TAXPAYER CERTIFICATION I hereby certify that the representations in this statement are true.					
Signeture of authorized representative Title (artsole) Date signed (month, day, year)					
/MI TOWKY					

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

- Not later than forty-five (45) days after receipt of this form, the designating body <u>may</u> determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
- If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must
 include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. The date of this hearing may
 not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
- Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property) and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- 4. If the designating body determines that the property owner has NOT made reasonable efforts to comply, then the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner (2) the county auditor,o and (3) the county assessor.

1, , , , , ,					
We have reviewed the CF-1 and find that:					
☐ the property owner IS in substantial	comp!iance				
☐ the property owner IS NOT in subs	tantial compliance				
ther (specify)					
Reasons for the determination (attach ad	ditional sheets if necessary)				
			I Day in a different between the control of the con		
Signature of authorized member	Signature of authorized member		Date signed (month, day, year)		
Attested by:		Designating body			
If the property owner is found not to I following date and time has been set Time of hearing AM	pe in substantial compliance, the propagation aside for the purpose of considering Date of hearing (month, day, year)	•	unity for a hearing. The		
	HEARING RESULTS (to be o	completed after the hearing)			
		Denied (see insruction 4 above)			
Reasons for determination (attach addition	nai sneeis ii necessaryj				
Signature of authorized member			Date signed (month, day, year)		
Attested by:		Designating body			
	APPEAL RIGHT	TS (IC 6-1.1-12.1-5.9(e))			
	denied by the designating body may appear that bond conditioned to pay the costs of the				

Client/Loc

STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

CONFIDENTIAL

20	PAY 20

Date signed (month, day, year)

9-4-09

FORM SB-1 / Real Property

State Form 51767 (R2 / 1-07)
Prescribed by the Department of Local Government Finance

This statement is being completed for real property that qualifies under the following Indiana Code (check one box): Redevelopment or rehabilitation of real estate improvements (IC 6-1,1-12.1-4) ☐ Eligible vacant building (IC 6-1.1-12.1-4.8) INSTRUCTIONS: 1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction. "Frojects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to initiation of the redevelopment or rehabilitation, BEFORE a deduction may be approved. 3. To obtain a deduction, application Form 322 ERA/RE or Form 322 ERA/VED, Whichever is applicable, must be filed with the County Auditor by the later cf: (1) May 16; or (2) thirty (36) days after the notice of addition to assessed valuation or new assessment is mailed to the property owner at the address shown on the records of the township assessor. 4. Property owners whose Statement of Benefits was approved after June 30, 1991, must attach a Form CF-1/Real Property annually to the application to show compliance with the Statement of Benefits. [IC 6-1.1-12.1-5.1(b) and IC 6-1.1-12.1-5.3(j)] The schedules established under IC 6-1.1-12.1-4(d) for rehabilitated property and under IC 6-1.1-12.1-4.8(1) for vacant buildings apply to any statement of benefits approved on or after July 1, 2000. The schedules effective prior to July 1, 2000, shall continue to apply to a statement of benefits filed before July 1, 2000. SECTION 1 TAXPAYER INFORMATION Name of taxpayer Hulman & Company Address of taxpayer (number and street, city, state, and ZIP code) 900 Wabash Ave., Terre Haute, IN Name of contact person Telephone number F-mail address Linda Forsythe, Controller 812-232-9446 SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT Name of designating body Resolution number Common Council for the City of Terre Haute, Indiana 25-2009 Location of property County DLGF taxing district number 4780 E. Margaret Ave., Terre Haute, IN 47803 Vigo 84009 Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) Estimated start date (month, day, year) 11-16-09 153,600 Sq.Ft. Distribution Center Estimated completion date (month, day, year) 6-01-10 SECTION 3. ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT Number retained Number additional 141 \$5,900,000 \$5,900,000 141 3 \$105,000 SECTION 4 ESTIMATED TOTAL GOST/AND VALUE OF PROPOSED PROJECT: NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property REAL ESTATE IMPROVEMENTS is confidential. COST ASSESSED VALUE Current values 68,900 Plus estimated values of proposed project 4,400,000 Less values of any property being replaced Net estimated values upon completion of project 4,468,900 SECTIONS WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER Estimated solid waste converted (pounds) Estimated hazardous waste converted (pounds) Other benefits

Title

Controller

SECTIONS

I hereby certify that the representations in this statement are true

Signature of anthorized representative

FOR USE OF	GIE DESIGNATATE EUDY	
We have reviewed our prior actions relating to the designation of this Ecoadopted in the resolution previously approved by this body. Said resolu	coomic Revitalization Area and	find that the applicant mosts the consect standards
A. The designated area has been limited to a period of time not to expires is	exceed calendar	years * (see below). The date this designation
The type of deduction that is allowed in the designated area is ling. Redevelopment or rehabilitation of real estate improvements. Residentially distressed areas. Cocupancy of a vacant building. C. The amount of the deduction applicable is limited to \$	☐ Yes ☐ Nc ☐ Yes ☐ Nc ☐ Yes ☐ Nc	
D. Other limitations or conditions (specify)		
E. The deduction is allowed for		
We have also reviewed the information contained in the statement of be determined that the totality of benefits is sufficient to justify the deduction	nefits and find that the estimate n described above.	s and expectations are reasonable and have
Approved (signature and title of authorized member of designating body)	Telephone number	Date signed (month, day, year)
Attested by (signature and title of attester)	Designated body	
* If the designating body limits the time period during which an area is are entitled to receive a deduction to a number of years designated under IC. A. For residentially distressed areas, the deduction period may not exceed. For redevelopment and rehabilitation or real estate improvements: 1. If the Economic Revitalization Area was designated prior to July 1. 2. If the Economic Revitalization Area was designated after June 20, C. For vacant buildings, the deduction period may not exceed two (2) year.	ed five (5) years. , 2000, the deduction period is I	imited to three (3) siy (6) or top (10) years
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